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RULE				

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/328,329 06/09/1999 PAT 6,377,847 \*

which is a CIP of 08/533,979 09/26/1995 ABN \*

which is a CIP of 08/129,222 09/30/1993 ABN

(\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 04/06/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 8	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	EXAMINER'S SIGNATURE <i>Michael</i>	INITIALS <i>MB</i>		
Verified and Acknowledged				

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**TITLE**

Iontophoretic drug delivery device and reservoir and method of making same

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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